

# BALTIMORE COUNTY PUBLIC SCHOOLS

**Department of Student Support Services**  
**Office of Pupil Personnel Services**  
**PLEASE TYPE OR PRINT**

**PPW Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_

Agency Placement-Qualifies for Out-of-County Tuition Recapture	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Code _____
	School ID _____
	Tuition Status _____
Signature of Pupil Personnel Worker	Date

## APPLICATION TO ENROLL STUDENT IN STATE-SUPERVISED CARE

1. Name of Child \_\_\_\_\_ Last School, City, State \_\_\_\_\_
  2. D.O.B. \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade for Year of Application \_\_\_\_\_
  3. Name of Birth Mother \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  4. Name of Birth Father \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  5. Have parental rights been terminated?  Yes  No
  6. Court awarded guardianship/custody to: Mother  Father  Other (Not Foster Parent)
- |      |         |             |       |     |
|------|---------|-------------|-------|-----|
| Name | Address | City/County | State | Zip |
|------|---------|-------------|-------|-----|
7. If custody has not been awarded, with whom does the child live when not in a foster care home or residential facility?  
 Mother  Father  Other  \_\_\_\_\_
  8. Is this child receiving special education services?  Yes  No LRE Code \_\_\_\_\_ 504  Yes  No
  9. Does the student have a parent surrogate?  Yes  No  
 Name of Surrogate \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Address \_\_\_\_\_ City, County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Baltimore County Home School \_\_\_\_\_
  10. Agency with Order of Care \_\_\_\_\_ Is child in an emergency youth shelter?  Yes  No  
 Address of Agency \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social/DJS/Worker (Print) \_\_\_\_\_ D&T/ID# \_\_\_\_\_ Supervisor (Print) \_\_\_\_\_  
 Worker's Phone \_\_\_\_\_ Fax \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_
  11. Is this application for the purpose of transportation only?  Yes  No
  12. Has the student been institutionalized, hospitalized, or in DJS placement since the last school placement?

Where \_\_\_\_\_ Date \_\_\_\_\_

**(Circle One) Foster Family/Kinship Care/Group Home**

Name
Address
Zip Code
Telephone (Home)
(Work)
Baltimore Co. Home School

**Contractual Service Provider**

Name
Address
Zip Code
Name of Case Worker
Telephone
Fax
Residential <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Social/DJS Worker

Date